## NH DEPARTMENT OF ENVIRONMENTAL SERVICES OIL REMEDIATION AND COMPLIANCE BUREAU PO BOX 95

CONCORD NH 03302-0095

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## ANNUAL LINE LEAK DETECTOR TEST FORM FOR AST and UST SYSTEMS

N. H. Code of Administrative Rules Env-Or 400 (UST Rules), 406.16, and Env-Wm 1402 or Env-Or 300 (AST Rules)

The New Hampshire Department of Environmental Services has developed this form to help you document the required annual testing of the line leak detector (LLD) at this storage tank facility. Please consult with the LLD manufacturer for specific guidelines on testing.

| Facility Name:   | DES Facility # / Site #:                          |   |                                      |                                  |  |  |
|--|---|---|--------------------------------------|----------------------------------|--|--|
| Facility Address:  |   | City_   |                                      | Zip:                             |  |  |
| 1. Where required by rules, all pressur restrict or stop the flow of the stored sulpounds per square inch line pressure. operating according to manufacturer's division no later than 30 days after the  | bstance upon d<br>Automatic line<br>requirements. | letecting a leal<br>leak detectors<br><b>The test res</b> | k at a rate of 3<br>s shall be teste | gallons per ho<br>ed annually to | ur at a pressure of 10 confirm that they are |  |
| 2. Line leak detector is required to be tested in-place. Do not remove and test outside the system.  |   |   |                                      |                                  |  |  |
| Test Information and Results   | UST   | Test Date   |                                      |                                  |  |  |
| Tank Number: (for split tanks use 1(a), (b))   | Tank #  | Tank #  | Tank #                               | Tank #                           | Tank #                                       |  |
| Test Location:   |   |   |                                      |                                  |  |  |
| Product Stored: (gas, diesel, etc.)  |   |   |                                      |                                  |  |  |
| Capacity: (gallons)  |   |   |                                      |                                  |  |  |
| LLD Manufacturer:  |   |   |                                      |                                  |  |  |
| LLD Model Number:  |   |   |                                      |                                  |  |  |
| Tested Leak Rate: (gallons per hour)   |   |   |                                      |                                  |  |  |
| Results:   | Pass Fail   | Pass Fail   | Pass Fail                            | Pass Fail                        | Pass Fail                                    |  |
| Complete following only if any of the above LLDs have failed and replaced with NEW LLDs.   |   |   |                                      |                                  |  |  |
| REPLACED LLD Manufacturer:   |   |   |                                      |                                  |  |  |
| LLD Model Number:  |   |   |                                      |                                  |  |  |
| Tested Leak Rate: (3 gallons per hour max.)  |   |   |                                      |                                  |  |  |
| Results:   | Pass Fail   | Pass Fail   | Pass Fail                            | Pass Fail                        | Pass Fail                                    |  |
| An automatic line leak detector failure shall be indicated by a leak rate of greater than 3 gallons per hour at a pressure of 10 pounds per square inch line pressure within one hour. The failed line leak detector shall be repaired or replaced immediately. The affected piping system(s) shall be taken out of service until satisfactory repairs are made or the line leak detector is replaced. |   |   |                                      |                                  |  |  |
| Verification – I hereby verify that the automatic line leak detectors were tested to confirm that they are operating according to manufacturers' requirements.   |   |   |                                      |                                  |  |  |
| Technician Name (print):   | echnician Name (print): Testing Company Name::    |   |                                      |                                  |  |  |
| Testing Co. Address / State / Zip  |   |   |                                      |                                  |  |  |
| Signature:   | Ph  | one No:( )_   |                                      | ate of Test:                     |  |  |